

# Protecting and Improving the Health of the Caribbean People

The 21st century has brought new opportunities and challenges for the health of the populations in the Caribbean region whose countries are linked by geography, history, and culture. The region ranges from mainland territories, such as Guyana of geographic size 219 470 km<sup>2</sup> and a population of 813 000, to small-island states, such as St. Kitts and Nevis, with geographic size 360 km<sup>2</sup> and a population of 48 393.<sup>1</sup> These small-island states are typified by vulnerable economies based on tourism and agriculture and are exposed to the effects of climate change and natural disasters.<sup>1,2</sup>

### THE CARIBBEAN COMMUNITY AND COMMON MARKET

The recognition of a lack of economies of scale and the need for a larger voice in the global environment catalyzed the steps taken by Caribbean countries toward regional integration through the formation of the Caribbean Free Trade Association in 1965.<sup>3</sup> The Caribbean Common Market and Caribbean Community (CARICOM) replaced Caribbean Free Trade Association in 1973 under the Treaty of Chaguaramas.<sup>4</sup> The pillars of CARICOM are trade agreements, foreign policy, and economic linkages with crosscutting themes of collective action through functional cooperation in health, education, the social sector, sports, and culture.

Evidence of collective action to promote the health of the region taken by heads of

government within CARICOM lies in the establishment of 5 regional health institutions, investments in tertiary-level institutions, and the Caribbean Cooperation in Health, which is the guide for the regional health agenda for the CARICOM states. In 1989, a decision was made by the heads of government to fashion the Caribbean Single Market and Economy to improve the ability of the CARICOM to insert itself more advantageously into the global economy.<sup>5</sup> Over the past few years, there has been rapid movement toward implementing the principles of the Caribbean Single Market and Economy. A major principle of the Caribbean Single Market and Economy includes the free movement within the region for university graduates and professionals in general. This will have a significant impact on health systems, workforce, and disease profiles through increased health risks and threats of transmission of infectious disease.

CARICOM consists of 15 full members and 5 associate members, with the most recent full membership status being given to Haiti. Although agreements are within the groups of member countries, CARICOM recognizes and pursues trade agreements with its geographic neighbors, such as Cuba, the Dominican Republic, and Venezuela. Although the CARICOM countries hold independent membership as part of the Pan American Health Organization/World Health Organization (PAHO/WHO), CARICOM, as a regional

entity, has a signed memorandum of understanding with the PAHO/WHO.

### PUBLIC HEALTH SUCCESSES AND NEW CHALLENGES IN THE CARIBBEAN

The public health successes seen in the CARICOM countries are clearly linked to the existing regional integration process, because efforts important for the well-being of all countries can be driven at the regional level. The relative political stability of most of the countries in the CARICOM region has also provided a foundation to facilitate some of these successes. An examination of public health achievements in CARICOM countries shows that there are specific historical landmarks in public health that are laudable at a global level. Over the past two decades, there have been improvements in important health indicators in maternal and child health, immunization, and access to care, with impressive health outcomes that exceed those of some developed countries.<sup>6</sup> For example, the Caribbean region was the first in the Americas to eliminate poliomyelitis and the first to eliminate indigenous measles and rubella. The region was also successful in managing the health aspects of the Cricket World Cup in 2007 and was the first region in the world in which heads of government met to discuss noncommunicable or chronic diseases.<sup>7</sup> Today, the CARICOM states are experiencing a

demographic transition arising from decreased infant mortality and declining birth rates.

Beyond the economic barriers experienced by small-island states, some unexpected health challenges have surfaced, which place at risk the public health successes of the past 2 decades. These challenges include the rapidly increasing rates of chronic, noncommunicable diseases at rates that rival those of developed countries.<sup>6,8,9</sup> These have been identified and highlighted as major health issues under the regional functional cooperation approach to health. This led to the formation of the Caribbean Commission on Health and Development,<sup>6</sup> with the aim of identifying the health priorities for the Caribbean region. These priorities are currently targeted as major health issues under the Caribbean Cooperation in Health.<sup>9</sup> The priorities of the health agenda are chronic diseases, human resources development, strengthening health systems, mental health, environmental health, family and community health, communicable diseases, and food and nutrition.

### THE ROLE OF THE PAN AMERICAN HEALTH ORGANIZATION OFFICE OF CARIBBEAN PROGRAM COORDINATION

The early years of the PAHO/WHO technical cooperation efforts in the Caribbean were focused on approaches to assist with health systems infrastructure development, primary health care, and maternal and child health, along with policies to improve the health and well-being of populations at the country level. Successes in primary

health care were driven and supported by government investments in primary and tertiary educational systems that were prepared to support country-level strategies for health and development.<sup>6</sup> When one considers the rapidly changing social, health, and economic profiles of the Caribbean region, it is clear that the methods and modes of technical cooperation delivered by the PAHO/WHO must also shift to meet the 21st century regional vision for health and development. This vision recognizes the strength in regional integration and agreement to policies and methods at the CARICOM level that can improve the health and well-being of the region and can catalyze the movement toward success at the national level.

The PAHO/WHO in the Caribbean region has sustained its country focus through its country offices working on the national health agenda. However, the current rapidly progressing integration process in the Caribbean region has necessitated the establishment of a regional technical cooperation entity in health within the PAHO/WHO. In October 2005, a reorganization of the structure of the PAHO/WHO was implemented in the Caribbean region with the formation of the new PAHO Office of Caribbean Program Coordination (OCPC). This office is the designated coordinating entity for the PAHO/WHO's technical cooperation strategies at the Caribbean regional level and is the assigned PAHO/WHO technical cooperation entity for the Caribbean Cooperation in Health, the blueprint for the strategic health agenda for the CARICOM region.

The PAHO-OCPC enables the entire organization to support the

Caribbean region in achieving the objectives of its health agenda and contributes to global and regional public health action. This office draws on the experience of the region and its member countries and institutions in building a body of public health knowledge that can benefit the countries, the Caribbean region, the region of the Americas, and the world. It is the representative of the PAHO/WHO to CARICOM, regional institutions, and entities, and has the responsibility of liaison and coordination with international and multilateral organizations in the Caribbean. It coordinates regional activities in the Caribbean implemented by all the PAHO/WHO organization units, including the specialized regional health institutions in the Caribbean. The PAHO-OCPC supports the major Caribbean regional integration agenda, including, but not limited to, CARICOM, regional academic institutions, nongovernmental organizations, and other civil society organizations, so that resolutions these institutions approve will bring attention to health and will be consistent with the policies and strategies approved by the governing bodies of the PAHO/WHO.

One of the goals of the PAHO-OCPC is to build Caribbean infrastructure and capacity with a focus on sustainability. Approaches at the regional level must acknowledge the roles played by the social determinants of health and must incorporate strategies to address these determinants. Transectoral partnerships and collaborations with sectors such as education, agriculture, labor, social and economic development, and finance are now being used by the PAHO-OCPC at the regional level to drive improvements in

health. Partnerships and collaborations with international public health organizations have facilitated linkages to the global agenda for health. This magnifies attention to issues such as transectoral policy development to protect health, the return to strong upstream public health strategies that protect health and promote health leadership at community, country, and regional levels, along with the harmonization of the efforts of external funders and development agencies that invest at the Caribbean level. This promotes a much-needed regional shift to more-balanced systems and mental models of "health," which incorporate, equally consider, or prioritize the emphasis on "protecting and maintaining health" as well as "treating illness." The CARICOM heads of government are in line with this thinking and these approaches, as is evident by the *Declaration of Port of Spain: Uniting to Stop the Epidemic of Chronic NCDs*,<sup>7</sup> which sets a regional approach to the noncommunicable diseases. The Declaration clearly directs the development and implementation of transectoral policies to address the rapidly increasing rates of the chronic noncommunicable diseases.

To improve the health of the CARICOM region and to move this region to take its place in a competitive global environment, it is important to establish a critical cadre of leaders in the Caribbean. Regional successes in health have shown that regional-level strategies for leadership must be embarked upon to reach a vision for optimal and sustained health and development. The PAHO-OCPC considers the element of leadership development a major priority as part of its agenda for the Caribbean

region. Health leadership in the Caribbean in the face of a rapidly changing global environment will not be confined to the traditional model of leadership solely undertaken by the medical profession. This approach entails building youth and community leadership and encouraging transectoral leadership to promote health and development.

To assist Caribbean peoples to achieve the highest attainable level of health and sustainable development, there is a great need for the PAHO/WHO to strengthen alliances with all stakeholders and partners working on the development agenda. Developing a strategic agenda and building on the comparative advantage of the PAHO/WHO in health, the Caribbean subregional office is poised to play a key role in supporting Caribbean governments to attain optimal health for the Caribbean people. The acknowledgment and understanding of the historical roles of the cultural, economic, and political aspects unique to the Caribbean are critical, especially because they may relate to strategies to protect and promote health and development in the CARICOM region. ■

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